DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10017468-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

PRINTER/POWERED PERIPHERAL NODE SYSTEM	

joint inventor (if plural patent is sought on the	names inventi	are listed below) of the on entitled:	y one name is listed l subject matter whic	pelow) or an original, first and this claimed and for which a		
PRINTER/POWERED PE	RIPHER	AL NODE SYSTEM				
the specification of wh	ich is at	tached hereto unless the	e following box is che	ecked:		
		as US Application No. or PCT International Application				
Number		and was amende	d on	(if applicable).		
including the claims, a disclose all information Foreign Application(s) and/or I hereby claim foreign priorit inventor(s) certificate listed t	s amenowhich in Claim of y benefits below and	ded by any amendment s material to patentabilit Foreign Priority s under Title 35, United State	(s) referred to above y as defined in 37 CF s Code Section 119 of ar by foreign application for p	above-identified specification, I acknowledge the duty to FR 1.56. The second specification of the second specification of the second specification of the second specificate having specificate specification, and specification, and specification, and specification is specificated specification, and specification is specificated specification, and specification is specification.		
COUNTRY	Т	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
		7.1. Edition No.		YES: NO:		
				YES: NO:		
Provisional Application						
• •	nder Title	35, United States Code Sect	ion 119(e) of any United	States provisional application(s) listed		
		APPLICATION NUMBER	FILING DATE			

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U. S. Priority Claim	<u> </u>	I	· · · · · · · · · · · · · · · · · · ·			
manner provided by the first information as defined in Titl	paragrap e 37, Coo or PCT int	oh of Title 35, United States (Code Section 112, I acknotion 1.56(a) which occurre plication:	prior United States application in the owledge the duty to disclose material ed between the filing date of the prior tented/pending/abandoned)		
09/907,212				tented/pending/abandoned)		
09/90/,212		16 July 2001	pending			
POWER OF ATTORNEY:						
			and/or agent(s) to prosec	cute this application and transact all		
Customer	Mumban	022879	Place Customer]		
Customer	Mumber	022873	Number Bar Code Label here			
Send Correspondence to HEWLETT-PACKARD DE		ENT COMPANY	Direct Telephone	e Calls To:		
Intellectual Property Adm			Brian R. Short	1		
P.O. Box 272400 Fort Collins, Colorado 80	0527-240	0	(650) 236-4890			
made on information a with the knowledge imprisonment, or both	and be that wi , under	lief are believed to be t Ilful false statements a	rue; and further that and the like so mad 8 of the United Stat	re true and that all statements these statements were made de are punishable by fine or les Code and that such willful t issued thereon.		
Full Name of Inventor: Corey Billingt n Ci			Citizenship: US			
Residence: Sa	n Jose,	California				
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Ver bil	les_	V	27 Mars	L 03		

(Use Page Two For Additional Inventor(s) Signature(s))

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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10017468-1

Full Name of # 2 joint inventor:	Chris Bradley		Citizenship: US		
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nventor's Signature Date 3/20/2003					
Inventor's Signature		Date	<i>aujaces</i>		
Full Name of # 3 joint inventor:			Citizenship:		
Residence:					
Post Office Address:					
ost office Addition.					
nventor's Signature		Date			
Full Name of # 4 joint inventor			Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
			·		
Full Name of # 5 joint inventor	:		Citizenship:		
Residence:					
Post Office Address:		-			
Inventor's Signature		Date			
Full Name of # 6 joint inventor	•		Citizenshi <u>p:</u>		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 7 joint inventor			Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
inventor a dignature		Date			
			~		
Full Name of # 8 joint invento			Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature					
onto o orginaturo		Date			